FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6) AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB NUMBER: Expires: Estimated average I hours per response.	
SEC USE O	ONLY Serial

Date Received

Name of Offering (check if this is a Offer and sale of limited partnership inter	n amendment and name has changed, and indicate change	:.) 	
Filing Under (Check box(es) that apply):		Section 4(6) ULC	OE
17)0011	A. BASIC IDENTIFICATION DATA		····
1. Enter the information requested about)
	mendment and name has changed, and indicate change.)		
Address of Executive Offices	(Number and Street, City, State, Zip Code) 50 Washington Street, Newton, MA 02462	Telephone Num (617) 965-7100	08021891
Address of Principal Business Operations (if different from Executive Offices)		_	(Including Area Code)
Brief Description of Business			l l
Real estate investments		1	B 2 5 2008
Type of Business Organization corporation business trust	☑ limited partnership, already formed ☐ limited partnership, to be formed	Washin (please specify).	gton, DC 20549
Actual or Estimated Date of Incorporatio Jurisdiction of Incorporation or Organiza	n or Organization: tion: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	Ø Actual	Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed orprinted signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) or sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administration SON state where sales are to be, or have been made. If a state require the payment of a fee as a precondition to the claim for the exemption of the exemption of the payment of a fee as a precondition to the claim for the exemption of the exemption the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Northland Portfolio Partners LLC (Number and Street, City, State, Zip Code) Business or Residence Address c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462 □ Director ☐ General and/or Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Gottesdiener, Lawrence R. **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462 ☐ Director ☐ General and/or Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Gatof, Robert (Number and Street, City, State, Zip Code) Business or Residence Address c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462 ☐ General and/or ⊠ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Gerstenhaber, David E. (Number and Street, City, State, Zip Code) Business or Residence Address c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462 ☐ Executive Officer ☐ General and/or □ Director Check Box(es) that Apply: □ Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Jezebel Management Corporation (Number and Street, City, State, Zip Code) Business or Residence Address c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462 ☐ General and/or ☐ Director □ Beneficial Owner ■ Executive Officer ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Rosenthal, Steven P.

(Number and Street, City, State, Zip Code)

☐ Beneficial Owner

(Number and Street, City, State, Zip Code)

☐ General and/or

Managing Partner

□ Director

c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462

□ Promoter

c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462

Business or Residence Address

Business or Residence Address

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Consoli, Mark P.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or mee of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ General and/or ☐ Director □ Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Abair, Suzanne (Number and Street, City, State, Zip Code) **Business or Residence Address** c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462 ☐ General and/or □ Director □ Executive Officer ☐ Beneficial Owner Check Box(cs) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ General and/or □ Director ☐ Executive Officer □ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ General and/or ☐ Executive Officer □ Director Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address**

☐ General and/or

☐ General and/or

Managing Partner

Managing Partner

□ Director

□ Director

☐ Executive Officer

☐ Executive Officer

☐ Beneficial Owner

(Number and Street, City, State, Zip Code)

☐ Beneficial Owner

(Number and Street, City, State, Zip Code)

☐ Promoter

□ Promoter

Check Box(es) that Apply:

Business or Residence Address

Business or Residence Address

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

				B. INFO	RMATIO	N ABOUT	OFFERIN	iG				
		· ·			· · · · ·							lo
1. Has the issu	uer sold, or	does the is	suer intend	to sell, to	non accredi	ted investo	rs in this of	fering?				1
			Ansv	ver also in .	Appendix, (Column 2,	if filing und	ler ULOE.				
2. What is the	: minimum	investment	that will b	e accepted	from any in	dividual?	.,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,		\$_*	
-,	*Subject to the discretion of the issuer. Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, ar muneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be gent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealersons to be listed are associated persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such a broker or dealer, you may set forth the information for that brown with the second persons of such as the										'es N	lo
3. Does the of	ffering peri	nit joint ow	nership of	a single un	it?							1
remuneration agent of a brol persons to be	for solicita ker or deale listed are a	tion of pure er registered ssociated po	chasers in co d with the S ersons of su	onnection v SEC and/or	vith sales of with a state	securities or states. I	in the offer	ing. If a pe e of the bro	rson to be ker or deal	er. If more	associated than five	(5)
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
	*							<u>~</u>				
Name of Asso	ciated Bro	ker or Deal	er									
States in White	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers						All States
•							mei	 [DC]		[GA]	(HI)	(ID)
					•					[MN]	[MS]	[MO]
						• -	• 1	[ND]	[OH]	[OK]	[OR]	(PA)
[MT]	[NE]	[NV]	[NH]	[NJ] [XX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[RI] Full Name (L	[SC] ast name fir	[SD] rst, if indivi	[TN] idual)	()				``				
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Asso	ociated Bro	ker or Deal	er						· · · · · · · · · · · · · · · · · · ·			
					<u> </u>							
States in Whi			Solicited or idividual S:			enasers	.,,.	.,,				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indiv	ridual)									
Business or R	Residence A	Address (Nu	imber and S	Street, City,	State, Zip	Code)						
Name of Asse	ociated Bro	ker or Dea	ler				<u> </u>	 -				
States in Whi	ch Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check "	All States"	or check in	ndividual Si	tates)					re1 1			All States
[AL]	[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	(MN)	[MS]	(MO)
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	(PA)
(0.13	ICC1	(CD)	(TAI)	(TY)	(LIT)	(VT)	(VAI	(WA)	(WV)	(WI)	[WY]	(PR)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ⋈ and indicate in the columns below the amounts of the securities offered for exchange			
			An	ount Already
	Type of Security	Offering Price		Sold
	Debt	s	:	S
	Equity	\$:	5
	□ Common □ Preferred			
	Convertible Securities (including warrants)	s	:	S
	Partnership Interests	\$ 279,964,470) :	\$ <u>279,964,470</u>
	Other (Specify)	\$:	\$
	Total	\$ 279,964,470	<u>)</u>	\$ <u>279.964.470</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504 indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	119		\$ <u>279,964,470</u>
	Non-accredited Investors			\$ <u> </u>
				_
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4	4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	******	0	S
	Printing and Engraving Costs			S
	Legal Fees		Ø	\$ 950,000,00
	Accounting Fees		⊠	s 7,500.00
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			s
	Other Expenses (identify) Conveyance taxes, lender consent, assumption fees, financing		፟	\$ 3,361,291,00
	Total		×	\$ <u>4,318,791.00</u>

 b. Enter the difference between the 1 and total expenses furnished in "adjusted gross proceeds to the is 			\$ <u>275,64</u> 5,679	
used for each of the purposes shown estimate and check the box to the le	ljusted gross proceeds to the issuer used or proposed to be If the amount for any purpose is not known, furnish an ft of the estimate. The total of the payments listed must equa suer set forth in response to Part C - Question 4.b above.	ıl		
the adjustice group proceeds to the in-	and the folial in response to the Company of the Co		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			\$	- \$
Purchase of real estate			\$	- \$
Purchase, rental or leasing and i	nstallation of machinery and equipment		\$	
Construction or leasing of plant	buildings and facilities		\$	- \$
offering that may be used in exc	(including the value of securities involved in this change for the assets or securities of another		\$	- \$
				
Working Capital		🗆	\$	- \$
Other (specify): Real	estate investments		\$	\$ <u>275,64</u> 5,679
		— 0	\$	□ \$
Column Totals		🛮	\$	S \$ <u>275,64</u> 5,679
Total Payments Listed (Column	totals added)	••••	m \$_1	2 <u>75,64</u> 5,679
	D. FEDERAL SIGNATURE		•	<u> </u>
following signature constitutes an u	to be signed by the undersigned duly authorized person. If the indertaking by the issuer to furnish to the U.S. Securities and d by the issuer to any non-accredited investor pursuant to particle.	Exchange (Commission, up	on written request
Issuer (Print or Type) Northland Portfolio L.P.	Signature By: Northland Portfolio Partners L.	LC, its	Date Februar	ry 22, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	• •		
Mark P. Consoli	Treasurer			

Α	T	TT.	NΊ	П	O	N

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1	E. STATE SIGNATURE		l e						
	resently subject to any of the disqualification provisions	Yes	No D						
	See Appendix, Column 5, for state response.								
2. The undersigned issuer hereby undertakes to Form D (17 CFR 239.500) at such times as	furnish to any state administrator of any state in which this notice is filed a notice required by state law. N/A	on							
The undersigned issuer hereby undertakes to issuer to offerees. N/A	furnish to the state administrators, upon written request, information furnished by	the							
limited Offering Exemption (ULOE) of the	suer is familiar with the conditions that must be satisfied to be entitled to the Uniforstate in which this notice is filed and understands that the issuer claiming the availabing that these conditions have been satisfied. N/A								
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true and has duly caused this notice to be signed on its behalf by	the							
Issuer (Print or Type)	Signature By: Northland Portfolio Partners LLC, its Date								
Northland Portfolio L.P.	General Partnet	108							
Name of Signer (Print or Type)	Title of Signer (Print or Type)								
Mark P. Consoli Treasurer									

Note: Items 1,2,3, and 4 above are not applicable pursuant to the National Securities Improvement Act of 1996.

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Inten-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 2) Quantification 1 Type of investor and sexplant waiver amount purchased in State (Part E-Item 2) No.			Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		_		· · · · · · · · · · · · · · · · · · ·					
AK									ļ
AZ									ļ
AR									ļ
CA			\$279,964,470	2	\$ 1,440,813	0	0		
СО									ļ
СТ			\$279,964,470	8	\$16,283,596	0	0		ļ
DE						<u> </u>			
DC									ļ <u>.</u>
FL			\$ 279,964,470	18	\$19,574,392	0	0		
GA							<u> </u>		<u> </u>
н						<u></u>	<u> </u>		
ID				<u></u>			<u> </u>		
IL									
IN							<u> </u>		
lA					ļ <u>.</u>				<u> </u>
KS									
KY					<u></u>		 	<u> </u>	
LA			ļ	ļ			 		
МЕ		ļ		ļ <u></u>					
MD			\$279,964,470	2	\$ 315,232	0	0		
МА	<u> </u>		\$279,964,470	38	\$175,558,744	0	0		
MI			<u> </u>		ļ				
MN				<u> </u>			 		<u> </u>
MS							 		
МО				<u> </u>	<u> </u>		<u></u>		

APPENDIX

1	Inten to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Type of investor and explanation of gate amount purchased in State (Part C-Item 2) Disqualification under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)			ification ate ULOE , attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT					ļ				<u> </u>		
NE											
NV											
NH]	\$279,964,470	3	\$ 4,195,898	0	0				
ŊĴ			\$279,964,470	17	\$ 14,433,359	0	0				
NM									<u> </u>		
NY			\$279,964,470	23	\$42,979,668	0	0				
NC	1		\$279,964,470	1	\$702,824	0	0				
ND	1						<u> </u>				
ОН	1		\$279,964,470	1	\$946,166	0	0				
ОК							<u> </u>		ļ		
OR			\$279,964,470	l	\$177,992	0	0				
PA	1		\$279,964,470	2	\$1,394,248	0	0				
Rl							<u> </u>				
SC	1										
SD											
TN									<u> </u>		
TX	ļ		\$279,964,470	2	\$348,895	0	0		<u> </u>		
UT											
VT			\$279,964,470	1	\$1,612,643	0	0		<u> </u>		
VA		1									
WA	1										
wv	1	<u> </u>									
WI	1										
WY			 						<u> </u>		
PR	1	1									

2104076v1

